

who, perhaps, can hardly tell the right end of the thermometer to use, much less record its readings. If legislation is going to prove our best backing, then, by all that is legal, let us wake up to the fact that nothing but our own fight can win our battle and assert our lawful position in the profession of to-day. The medical men tolerate no usurpers or frauds in their ranks, why should there be grades of undesirable elements in ours? Open discussion on this topic will help us to discover the flaws in our armor, but once more let it not end in talk, but let the need be met by earnest and true working for the betterment of our noble profession.

"N. J."

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DEAR EDITOR: The editorial comment in the April number of *THE AMERICAN JOURNAL OF NURSING* on "Untrained *versus* Trained Nurses," and the answer in the May number written by the Waltham graduate, inspires me to express my views.

The "far-seeing patient" spoken of in the editorial comment "hits the nail on the head," according to my fancy. The fact that the doctor makes more visits upon his patient when the untrained nurse or the nurse still in training from some hospital is with his patient proves that from a business standpoint this is highly satisfactory to him. Especially so is it to the doctor whose practice is not as large as he would wish it, or to the doctor who is managing a hospital; for by sending his undergraduates out "to learn private duty" his hospital is being supported by these young women, who are using up tremendous amounts of nerve force for fear something will go wrong, and losing a lot of sleep and missing some very important things which were probably happening in the hospital, which if they happened to have as emergencies in private work, they would not know how to meet. No, I don't think the Waltham graduate's suggestion helps matters any. It is absolutely impossible to teach private nursing, as no two cases are alike, but a good woman possessing brains, common-sense, refinement, and a sense of humor can always adapt herself to her surroundings, providing she has had two whole years of actual hospital training in any of our big hospitals. To my mind there is such a thing as spending so much time "seeking knowledge" that the patient is often the last consideration, and it is an unknown factor how to make a patient really comfortable. The doctor who believes in sending nurses out of the hospital during training "to be taught private nursing" is much more of a friend to his hospital than he is to the nurses, as it is an excellent means of bringing in money to the hospital.

Nothing is more wearing than private nursing, even with the nicest kind of people, which alas! it isn't always the fate of the trained nurse to

meet. And often the pupil nurse submits to much more than she should and says nothing simply for fear of losing her diploma. While, on the other hand, the regular life of the hospital is most fascinating, and with so many different scenes is never monotonous. Very often after the graduate of such a hospital finishes her training she has the pleasure of sitting in her room while the undergraduates of her hospital are being sent to the patients that she should be getting, her hospital superintendent receiving fifteen dollars a week for each one he sends out. People are not eager to pay twenty-five dollars if they can get someone for fifteen dollars and be assured by their physician that she is quite as good!

The doctor who employs untrained nurses for his cases is also a great friend of himself, as his more frequent visits in consequence naturally mean more money to him.

Patients who are very ill and poor can always get in some hospital, the district nurse and "the hourly nurse" can respond to those who are convalescing, while for a number of cases the untrained nurse is quite sufficient; but for acute cases where patients can afford to be treated in their home, there is no one like a thoroughly competent graduate nurse. They act as a steadying motor in the family and greatly lessen the nervous anxiety of the attending physician.

A MASSACHUSETTS GENERAL GRADUATE.

[Neither of these writers has suggested a practical remedy.—Ed.]

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DEAR EDITOR: The question of post-graduate work for nurses has indeed become a serious one.

As stated in the article on "Post-Graduate Study for Nurses," in the June number of the JOURNAL, there are a number of schools that give post-graduate work, but it is not, as a rule, what the older graduates need.

In the majority of instances, I believe, the graduate nurse enters the hospital and does the routine work with the pupil nurses, getting in that way what information she can in recent methods, etc., but giving the greater part of her time and strength to work that is perfectly familiar to her. I know one nurse who took a nine-months' post-graduate course in a New York hospital, who had three months of very hard general night duty, and who at the end of the course was completely broken down and ready for a three-months' rest.

I do not wish to be a grumbler nor to imply that nurses should shirk hard work when necessary, for it is the discipline largely essential to the making of a good nurse; but while some strong, robust women